

## **October is Breast Cancer Awareness Month**

Breast cancer is most common cancer in women except for skin cancer. An estimated 231,840 new cases of breast cancer will be diagnosed in the US in 2015. In Kentucky this year, 3300 new breast cancer cases and 590 deaths are expected. The rate of breast cancer has been declining since 1990 and the death rate has decreased 34 per cent with early diagnosis and changes in treatment.

Risk for breast cancer includes factors one cannot change, those one can change, and factors whose impact on risk are unclear. Factors one cannot change include being female. Breast cancer risk is 100 times greater in women than men. Women's risk increases with age. Genetic factors account for 5-10 per cent of breast cancers. BRCA1 and BRCA2 mutations are most common in Jewish families of Ashkenazi descent. If a woman's first degree relative has had breast cancer, her risk is increased 2 to 3 fold. A personal history of breast cancer carries a 3-4 fold increased risk. Caucasian women are more likely to develop breast cancer but African American women are more likely to die from breast cancer. Mammograms are less accurate in women with dense breasts with 1.2 to 2.0 increased risk. Certain breast conditions like atypical ductal and atypical lobular hyperplasia can increase risk. Women who started menses at young age or who experienced menopause late are at increased risk.

Modifiable risk factors include having no children or first child over age thirty. Some increased risk noted in women who used hormonal birth control and also with hormone replacement. Some studies identify a decreased risk of breast cancer for women who breast fed their children for over two years. Drinking alcohol is a risk factor related to amount consumed. Obesity and inactivity increase a woman's risk of developing breast cancer. Unclear factors include chemicals in the environment, tobacco smoke, night work, diet and vitamin intake.

Most breast cancers in the U.S. are diagnosed as a result of an abnormal screening mammogram. Some breast cancers are diagnosed after the woman or her clinician discovers a painless palpable lump or mass. Mammography remains most common method of screening. Ultrasound is used to supplement mammography if additional imaging is needed. MRI is emerging for additional imaging in high risk patients. When to start screening and how often to screen has been somewhat controversial. The American Cancer Society recommends screening yearly starting at age 40 in women at low risk. In women with family history of breast cancer in a 1st degree relative, screening should begin 10 yrs before relative was diagnosed. Some recent research questions whether this recommendation is evidence-based. The US Preventative Task force recommends screening for most women start at age 50 instead of age 40 and that frequency be every 2 years through age 74. This is the recommendation that the VA follows.

So what is best for you? Remember that mammograms are still needed at almost any age if mass or lump is palpated. When and how often to screen becomes a clinical decision made with your clinician based on your age, risk factors, history of breast biopsy, family history of breast cancer, and personal beliefs about the benefits and harms of screening.

To support breast cancer research, wear pink in October and participate in the American Cancer Society's, Making Strides Against Breast Cancer Walk in Louisville or Lexington.